

AUTHORIZATION FOR DIRECT DEPOSIT REIMBURSEMENT OF ELIGIBLE EXPENSES

GENERAL GUIDELINES FOR EMPLOYEES/VENDORS:

****Employees only-** this form should only be completed if you wish to deposit into an account different from your payroll direct deposit.

1. Verify with your financial institution their correct ABA number for ACH (Direct Deposit) and also verify the correct account number for your individual checking or savings account. The correct ABA and individual account numbers are shown on your personalized checks for checking only.
2. Complete the College Community Schools authorization form below **and attach one of your personalized checks (for checking deposits) or a written statement (for savings deposits) from your bank verifying the ABA number and your account number for that account.** (Please “VOID” the check). Turn in authorization form to the Accounts Payable Department.
****Required for accurate information on your account banks will not verify account numbers over the phone.****
3. Once you are enrolled in the Direct Deposit program if you wish to change banks or financial institutions, please notify the Accounts Payable Department immediately. Your eligible expenses will continue to be deposited to the financial institution we have set up on our records until you notify us via a newly completed direct deposit form. **Do not close your current direct deposit account** until you see your payment is deposited into you new account.

TO: ACCOUNTS PAYABLE DEPARTMENT

I have notified my bank/financial institution of my intent to initiate Direct Deposit (ACH Transfer) of my eligible expenses. I hereby authorize College Community School District to deposit my eligible expenses directly to my checking or savings account indicated below by the attached personalized check for checking or a written statement from your bank for savings verifying the ABA number and your account number for that account. This authority is to remain in full force and effect until College Community School District has written notification from me of its termination in such time and in such manner as to afford College Community School District a reasonable opportunity to act on it.

BANK/CREDIT UNION NAME _____

ADDRESS _____

SAVINGS _____ BANK TRANSIT/ABA NUMBER _____

CHECKING _____ ACCOUNT NUMBER _____

YOUR NAME _____

EMAIL NOTIFICATION _____

SIGNATURE _____

DATE _____